

2494

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. **249**

Registrar's No. **1432 E. Pierce**

1. Place of Death: (a) County **Maricopa** (b) City or Town **Phoenix** (c) Location **1432 E. Pierce**  
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)  
(d) Length of Stay: In Hospital or Institution **home** ; In Community **3 mo.** ; In Arizona **65 yrs.**  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State **Arizona** ; (b) County **Maricopa** ; (c) City or Town **Snowflake**  
(If outside city limits also write RURAL)  
(d) Street No. ; (e) Citizen of foreign country (Yes or No) **No**  
If Yes, which country

3. (a) FULL NAME **Eliza T. Hunt** (b) If Veteran name war. **No** (c) Social Security No. **44-1544**

4. Sex **Female** 5. Race **White** ☒ Indian ☐ Negro ☐ Oriental ☐ 6. (a) Single, married, widowed or divorced **Separated**

6. (b) Name of husband or wife **Warren M. Tenney** 6. (c) Age of husband or wife, if alive. yrs.

7. Birthdate of deceased **April 6, 1873**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **11** Days **10** If less than one day hrs. min.

9. Birthplace **Utah**  
(City, town or county) (State or Country)

10. Usual Occupation **At home**

11. Industry or Business

12. Name **Warren M. Tenney**  
13. Birthplace **Unknown**  
(City, town or county) (State or Country)

14. Maiden Name **Clara Longhurst**  
15. Birthplace **Unknown**  
(City, town or county) (State or Country)

16. (a) Informant's own signature **B. R. Smith**  
(b) Address **Winslow, Arizona**

17. (a) Burial, Cremation or Removal **Removal**

(b) Place **Snowflake, Ariz.** (c) Date **3/18/44** 19

18. (a) Embalmer's Signature **L. M. Mortensen**

(b) Funeral Director **Mortensen-Kingsley**

(c) Address **1020 W. Wash.**

19. (a) **MAR 18 1944**  
(Date received Local Registrar)

(b) **[Signature]**  
(Registrar's Signature)

10-30M-100% Reg-5/21/43

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) **March 16, 1944**  
TIME (Hour and minute) **5:00 A. M.**

21. I hereby certify that I attended the deceased from **Jan. 14th** 19 **44** to **Jan. 20** 19 **44**  
that I last saw her alive on **Jan. 1-20** 19 **44**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver**

Due to **Carcinoma of Gallbladder**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature **[Signature]** M. D. **3-16-44**  
Address **802 Security Bldg.** Date signed

DURATION

PHYSICIAN

Underline the cause to which death should be charged statistically